

Attachment A

Attachment A consists of 2 distinct and different sections. Both sections must be completed and included in Tab 1 of the proposal.

Section I – Required Grantee Information

Section II - Location of Business Form

Attachment A—Section I

REQUIRED GRANTEE INFORMATION and CERTIFICATIONS

Purpose: The Ohio Department of Job and Family Services (ODJFS) requires the following information on applicants who submit proposals or applications in response to any ODJFS Requests for Grant Applications (RFGAs), in order to facilitate the development of the grant with the selected applicant. ODJFS reserves the right to reject your application if you fail to provide this information fully, accurately, and by the deadline set by ODJFS. Further, some of this information (as identified below) **must** be provided in order for ODJFS to accept and consider your application. **Failure to provide such required information will result in your application's immediate disqualification.**

Instructions: Provide the following information regarding the applicant organization submitting the application. Applicants may either print this attachment, complete and sign it, or may provide the required information and certifications (each fully re-stated from this attachment) on their letterhead as the opening pages of their applications. It is mandatory that the information provided is certified with an original signature (in blue ink, please) from a person with authority to represent the applicant. Applicants are to provide the completed and signed information and certifications as the cover pages of their original proposal submitted to ODJFS.

IMPORTANT: If the RFGA specified a maximum page limit for applicant proposals, the attachment of any required certifications, other documents, or additional pages needed to fully provide the information requested here will **NOT** be counted against that page limit.

Applicants must provide all information

1. ODJFS RFGA #: JFSR1415178081		2. Application Due Date: 7/24/2014	
3. Name: (legal name of the grantee – person or organization – to whom grant payments would be made) Coleman Professional Services			
3a. Grantee's Ohio Administrative Knowledge System (OAKS) ID#: [Vendors may apply for an OAKS vendor ID# at: http://ohiosharedservices.ohio.gov/Vendors.aspx . The necessary forms to be completed and remitted to Ohio Shared Services are the Vendor Information Form (OBM-5657) and the IRS Form W-9. Completion and/or submission of these forms to Ohio Shared Services <u>does not</u> assume a vendor/applicant award of any ODJFS contract/grant.] OAKS ID# 0000053123			
4. Grantee Corporate Address: 5982 Rhodes Road, Kent, OH 44240		5. Grantee Remittance Address: (or "same" if same as Item # 4) Same	
6. Print or type information on the grantee representative/contact person <u>authorized to answer questions on the application:</u> Grantee Representative NAME and TITLE: Heidi Shaffer, Grant Writing Specialist Address: 5982 Rhodes Road, Kent, OH 44240 E-Mail Address: heidi.shaffer@coleman-professional.com Phone # 330-676-6815 Fax #: 330-678-3677			
7. Print or type the name of the grantee representative <u>authorized to address contractual issues, including the authority to execute a contract on behalf of the vendor, and to whom legal notices regarding contract termination or breach, should be sent</u> (if not the same individual as in #6, provide the following information on each such representative and specify their function): Grantee Representative NAME and TITLE: Nelson W. Burns, President and Chief Executive Officer Address: 5982 Rhodes Road, Kent, OH 44240 E-Mail Address: nelson.burns@coleman-professional.com Phone #: 330-676-6801 Fax #: 330-678-3677			

8. Is this grantee an Ohio certified MBE? Yes ☐ No ☒ If yes, attach a copy of current certification to proposal/bid. (If ODJFS has specified the RFGA document as an opportunity open exclusively to Ohio Certified MBEs, then failure to attach a copy of current certification WILL RESULT IN DISQUALIFICATION.)

9. Mandatory Grantee Certifications:

ODJFS may not enter into agreements with/make purchases from any organizations that have been found to be ineligible for state contracts under specific federal or Ohio statutes or regulations. Organizations responding to any ODJFS RFGA opportunity MUST certify that they are NOT INELIGIBLE by signing each of the three statements below. Failure to provide proper affirming signature on any of these statements will result in the disqualification of your application.

1 Nelson w. Burns (signature of representative shown in Item # 7, above) hereby certify and affirm that Coleman Professional Services (name of the vendor shown in Item # 3, above), has not been debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in transactions by the United States Department of Labor, the United States Department of Health and Human Services, or any other federal department or agency as set forth in 29 CFR Part 98, or 45 CFR Part 76, or other applicable statutes.

1 Nelson w. Burns (signature of representative shown in Item #7, above) hereby certify and affirm that Coleman Professional Services (name of the vendor shown in Item # 3, above), is not on the list established by the Ohio Secretary of State, pursuant to ORC Section 121.23, which identifies persons and businesses with more than one unfair labor practice contempt of court finding against them.

1 Nelson w. Burns (signature of representative shown in Item #7, above) hereby certify and affirm that Coleman Professional Services (name of the vendor shown in Item # 3, above), either is not subject to a finding for recovery under ORC Section 9.24, or has taken appropriate remedial steps required under that statute, or otherwise qualifies under that section to enter into contracts with the State of Ohio.

10. Equal Employment Opportunity Information on the Grantee and any Sub-grantee(s)

A. Provide vendor employee data both nationwide (including Ohio staff), and Ohio office employees separately:

	Nationwide	Ohio Offices
Total Number of Employees:	<u>633</u>	<u>633</u>
% of those who are Women:	<u>78.2%</u>	<u>78.2%</u>
% of those who are Minorities:	<u>84.9%</u>	<u>84.9%</u>

B. If you are the selected vendor, will you subcontract any part of the work?

☒ NO -or- ☐ YES, but for less than 50% of the work -or- ☐ YES, for 50% or more of the work

If yes, provide the following information on each subcontractor (additional pages may be added as needed):

Subcontractor Name: _____
Address: _____
Work To Be Performed: _____
(a brief description) _____

Subcontractor's Estimated Percentage of Total Project (in % of work, not % of dollars): _____

If 50% or more of the work will be subcontracted, then ALSO provide the following information on ALL proposed sub-grantees:

	Nationwide	Ohio Offices
Total Number of Employees:	_____	_____
% of those who are Women:	_____	_____
% of those who are Minorities:	_____	_____

C. Identify all state grants which the grantee has since the beginning of the last fiscal year (i.e., since July 01, 2012) through

this fiscal year to date. Also include grants approved for ODJFS or institutions of higher education:

Total number of grants: 12

For each state grant, list the state agency and provide the following information:

State Agency/Educational Institution: Ohio Mental Health and Addiction Services

Grant Dollar Amount: \$36,725

State Agency/Educational Institution: Ohio Development Services Administration

Grant Dollar Amount: \$146,400

State Agency/Educational Institution: Ohio Development Services Administration

Grant Dollar Amount: \$72,249

Attach additional pages if needed

Additional page attached

11. Grantee Ethics Certification

As a grantee receiving grants from the State of Ohio, I certify on behalf of
Coleman Professional Services (name of vendor or grantee):

(1) I have reviewed and understand Ohio ethics and conflict of interests' laws, as found in Chapter 102. and Sections 2921.42 and 2921.43 of the Ohio Revised Code.

(2) I acknowledge that failure to comply with this certification is, by itself, grounds for termination of this contract or grant with the State of Ohio.

Adrian W. Burns, CEO 7-17-2014
Signature of authorized agent Date

12. I have read the ODJFS Model Grant attached to the RFGA, and if awarded a grant, I will not X (or) I will request changes to the standard language, and have marked the requested changes and returned the model document with this proposal for consideration by ODJFS. (If so, ODJFS will review those requested changes if you are the selected grantee. All requested changes to model contract language are subject to ODJFS approval.)

13. I Adrian W. Burns, CEO, (grantee representative in Item # 7) hereby affirm that this proposal accurately represents the capabilities and qualifications of Coleman Professional Services (grantee's name), and I hereby affirm that the cost(s) bid to ODJFS for the performance of services and/or provision of goods covered in this application in response to this ODJFS RFGA is a firm fixed price, inclusive of all incidental as well as primary costs. (Failure to provide the proper affirming signature on this item may result in the disqualification of your proposal/bid.)

14. **Location of Business Declaration:** Vendors responding to any ODJFS RFP/RLB/RFGA (etc.) must certify that no public funds shall be spent on services provided/performed offshore by completing, signing, and returning the "Location of Business Form," which is the final section of this attachment. **FAILURE TO PROPERLY COMPLETE, SIGN AND RETURN THIS FORM, INCLUDING THE "LOCATION OF BUSINESS FORM," WILL RESULT IN DISQUALIFICATION OF THE VENDOR FROM CONSIDERATION FOR AWARD OF AN ODJFS CONTRACT.**

State Grants received by Coleman Professional Services since July 1, 2012 (continued)

State agency: Ohio Development Services Agency

Grant Dollar amount: \$25,000

State agency: Ohio Development Services Agency (Historic Tax Credits)

Grant Dollar amount: \$515,000

State agency: Ohio Development Services Agency

Grant Dollar amount: \$240,000

State agency: Oho Department of Aging

Grant Dollar amount: \$24,600

State agency: Ohio Development Services Agency

Grant Dollar amount: \$119,635

State agency: Ohio Mental Health and Addiction Services

Grant Dollar amount: \$500,000

State agency: Ohio Historic Preservation Agency (via City of Ravenna)

Grant Dollar amount: \$12,500

State agency: Ohio Department of Aging

Grant Dollar amount: \$24,600

Location of Business Form

(Name) _____ (Address, City, State, Zip) _____

4. Location where services to be performed will be changed or shifted by Grantee

N/A

(Address)

(Address, City, State, Zip)

Name/Location(s) where services will be changed or shifted to be performed by sub-grantee(s):

(Name)

(Address, City, State, Zip)

(Name)

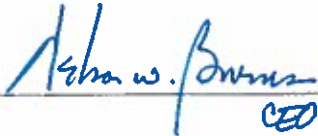
(Address, City, State, Zip)

(Name)

(Address, City, State, Zip)

By signing below, I hereby certify and affirm that I have reviewed, understand, and will abide by the Governor's Executive Order 2011-12K. I attest that no funds provided by ODJFS for this grant or any other agreement will be used to purchase services provided outside the United States or to contract with a sub-grantee(s) who will use the funds to purchase services provided outside the United States. I will promptly notify ODJFS if there is a change in the location where any of the services relating to this project will be performed. If I am signing this on behalf of a company, business, or organization, I hereby acknowledge that I have the authority to make this certification on behalf of that entity.

Signature

 CEO

Coleman Professional Services

Entity Name

Nelson W. Burns

Printed name of individual authorized
to sign on behalf of entity

Date

7-17-2014

5982 Rhodes Road

Address (Principal place of business)

Kent, OH 44240

City, State, Zip

Ohio Parenting and Pregnancy Program Grant
APPENDIX A
TECHNICAL APPLICATION

Program Assurances

Please affirm that the following statements are true and accurate. Affix the appropriate signature where indicated. **The application will not be considered complete without the required signature and shall be disqualified from consideration.**

We the undersigned assure that our Agency:

1. Will not charge pregnant women and parents or other relatives caring for children twelve months of age or younger a fee for any services received;
2. Is not involved in or associated with any abortion activities, including providing abortion counseling or referrals to abortion clinics, performing abortion-related medical procedures, or engaging in pro-abortion advertising;
3. Is physically and financially separate from any entity, or component of an entity, that engages in abortion activities;
4. Will only subcontract with entities that are physically and financially separate from any entity, or component of an entity, that engages in abortion activities;
5. Will not discriminate in its provision of services on the basis of race, religion, color, age, marital status, national origin, disability, or gender; and,
6. Will comply with the requirement of 5101.804 of the Ohio Revised Code.

Agency Name: Coleman Professional Services

Printed Name of Director/CEO: Nelson W. Burns, President & CEO

Nelson W. Burns
Signature

7-17-2014
Date

Internal Revenue Service
District Director

Department of the Treasury

P. O. Box 2508
Cincinnati, OH 45201

Date: SEP 10 1997

Person to Contact:
Ruth Ohmer

Telephone Number:
513-241-5199

Fax Number:
513-684-5936

Federal Identification Number:
34-1240178

Coleman Professional Services, Inc.
C/O Nelson Burns
5982 Rhodes Rd.
Kent, OH 44240-4128

Dear Sir or Madam:

This is in response to your letter dated June 9, 1997, requesting a name change to your organization. We have updated our records to reflect this change.

Our records indicate that a determination letter issued in August 1978, granted your organization exemption from federal income tax under section 501(c)(3) of the Internal Revenue Code. That letter is still in effect.

Based on information subsequently submitted, we classified your organization as one that is not a private foundation within the meaning of section 509(a) of the Code because it is an organization described in section 509(a)(1) and 170(b)(1)(A)(vi).

This classification was based on the assumption that your organization's operations would continue as stated in the application. If your organization's sources of support, or its character, method of operations, or purposes have changed, please let us know so we can consider the effect of the change on the exempt status and foundation status of your organization.

Your organization is required to file Form 990, Return of Organization Exempt from Income Tax, only if its gross receipts each year are normally more than \$25,000. If a return is required, it must be filed by the 15th day of the fifth month after the end of the organization's annual accounting period. The law imposes a penalty of \$20 a day, up to a maximum of \$10,000, when a return is filed late, unless there is reasonable cause for the delay.

All exempt organizations (unless specifically excluded) are liable for taxes under the Federal Insurance Contributions Act (social security taxes) on remuneration of \$100 or more paid to each employee during a calendar year. Your organization is not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

Organizations that are not private foundations are not subject to the excise taxes under Chapter 42 of the Code. However, these organizations are not automatically exempt from other federal excise taxes.

Coleman Professional Services, Inc.
34-1240178

Donors may deduct contributions to your organization as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to your organization or for its use are deductible for federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

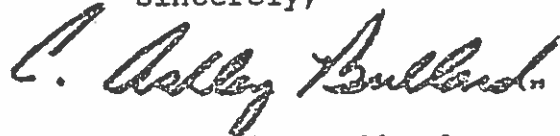
Your organization is not required to file federal income tax returns unless it is subject to the tax on unrelated business income under section 511 of the Code. If your organization is subject to this tax, it must file an income tax return on the Form 990-T, Exempt Organization Business Income Tax Return. In this letter, we are not determining whether any of your organization's present or proposed activities are unrelated trade or business as defined in section 513 of the Code.

Because this letter could help resolve any questions about your organization's exempt status and foundation status, you should keep it with the organization's permanent records.

Please direct any questions to the person identified in the letterhead above.

This letter affirms your organization's exempt status.

Sincerely,

A handwritten signature in dark ink, appearing to read "C. Ashley Bullard". The signature is written in a cursive, flowing style.

C. Ashley Bullard
District Director